

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13494

FILED APR 20 1953

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG., DIST. NO. 3010		Registrar's No. 112	
1. PLACE OF DEATH a. COUNTY Cape Girardeau 0164				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau 0164			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau 0		c. LENGTH OF STAY at this place 54 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		Hubble 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hosp				d. STREET ADDRESS (If rural, give location) Near Gordonville			
3. NAME OF DECEASED (Type or Print) a. (First) Ben		b. (Middle) Frank		c. (Last) Brugger		4. DATE OF DEATH (Month) (Day) (Year) April 13, 1953	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH May 25, 1918	
9. AGE (In years) 34		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Leo Brugger		13b. MOTHER'S MAIDEN NAME Myrtle Strong		14. NAME OF HUSBAND OR WIFE Nora Brugger, Gordonville			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 499-30-0108		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nora Brugger			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured Diverticulum DUE TO (c) Diverticulitis of Recto-Sigmoid II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5721				INTERVAL BETWEEN ONSET AND DEATH 8 days 8 days 3 wks.	
19a. DATE OF OPERATION 4-5-53		19b. MAJOR FINDINGS OF OPERATION Ruptured diverticulum of Recto-Sigmoid				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-5, 1953, to 4-13, 1953, that I last saw the deceased alive on 4-13, 1953, and that death occurred at 8:00 P.m., from the causes and on the date stated above.							
23a. SIGNATURE L. N. Jaeger, M.D. (Degree or title)				23b. ADDRESS Jackson, Mo.		23c. DATE SIGNED 4-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 16, 1953		24c. NAME OF CEMETERY OR CREMATORY Russell-Heights		24d. LOCATION (City, town, or county) (State) Jackson Mo.	
DATE REC'D BY LOCAL REG. 4-15-53		REGISTRAR'S SIGNATURE C. C. Summers 44-0		25. FUNERAL DIRECTOR'S SIGNATURE V. B. Brown		ADDRESS Jackson, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 29 1958

MAY 7 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lynna Steele

Licensed Embalmer No. 2476

P. O. Address Jackson Ms

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.